

Office of Health Facilities

Application for Home Support Agency Facilities

Reference Guide for New Applicants

Let's begin!

Log In to the platform

1 Enter your username and password.

2 Click the Log In button.

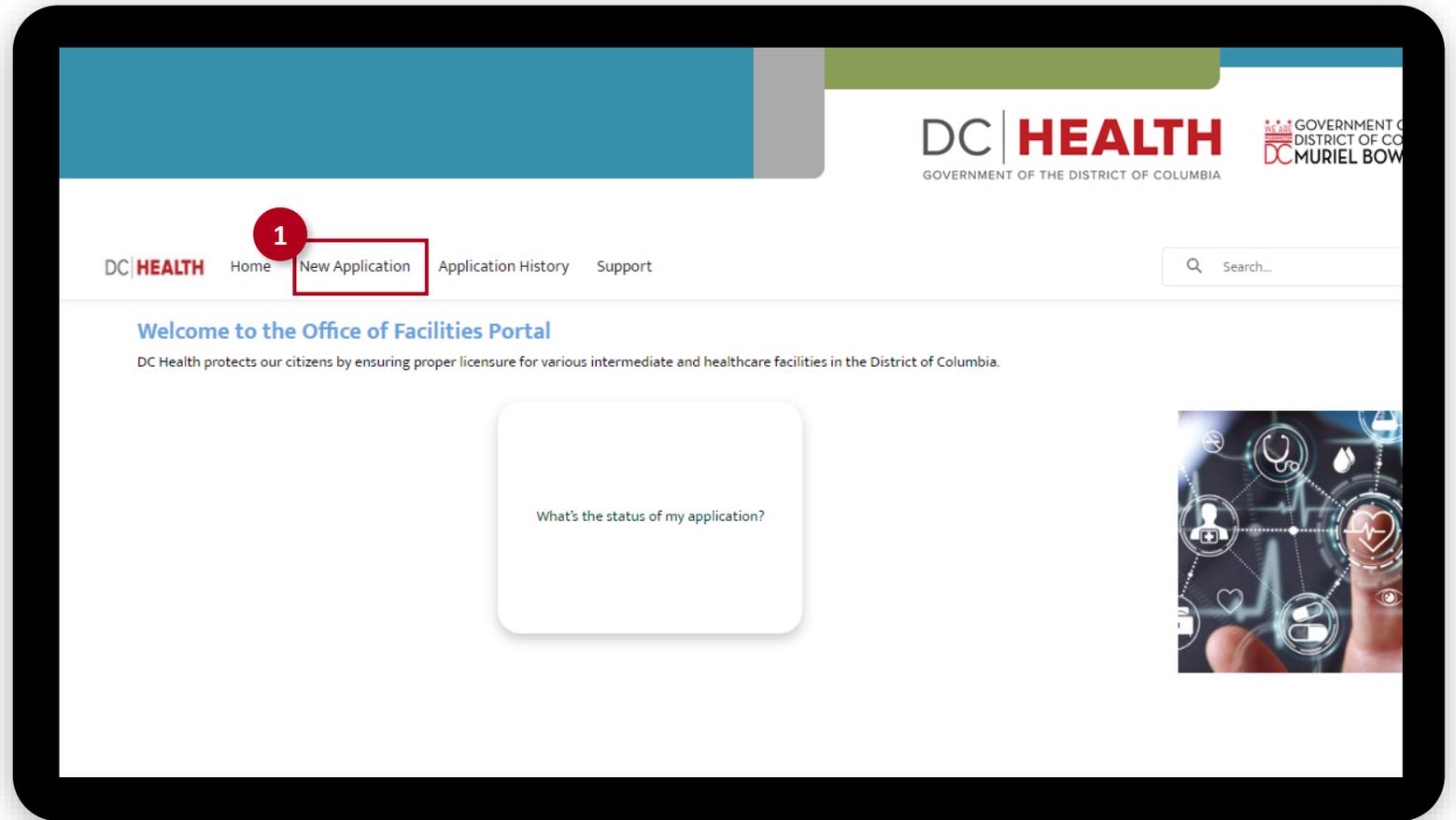


TIP: If you don't have an account click the **Create New Account** link.

The screenshot shows the DC Health login page. At the top right, there is a header with the DC Health logo and the text "GOVERNMENT OF THE DISTRICT OF COLUMBIA" and "MURIEL BOWSER, MAYOR". The main content area features the DC Health logo, a "Welcome to the Office of Health Facilities Portal" message, and a "Login or Create an Account to:" section with a list of options: "Apply for a new medical facility license", "Renew an existing medical facility license", "Check the status of past applications", and "Seek support related to interactions with this office". Below this is an "About DC Health" section. The login form consists of a username field (containing "TestUser17"), a password field (containing "....."), and a "Log in" button. A red box highlights the username and password fields, with a "1" in a red circle next to it. Another red box highlights the "Log in" button, with a "2" in a red circle next to it. Below the login form are links for "Forgot your password?", "Forgot username?", and "Create New Account".

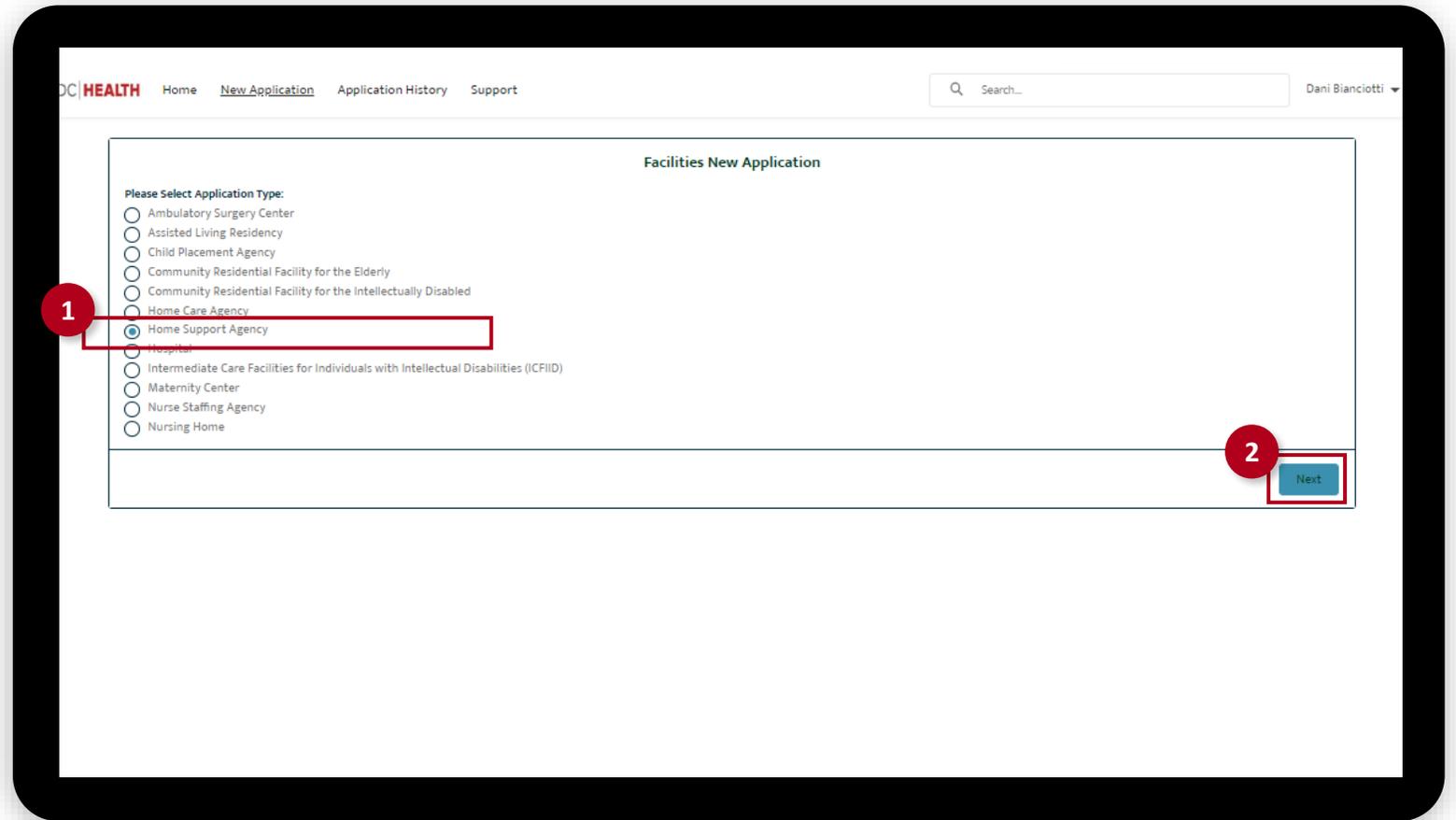
Navigate to the New Application screen

- 1 Once you Log in to the Office of Facilities Portal, click the **New Application** tab.



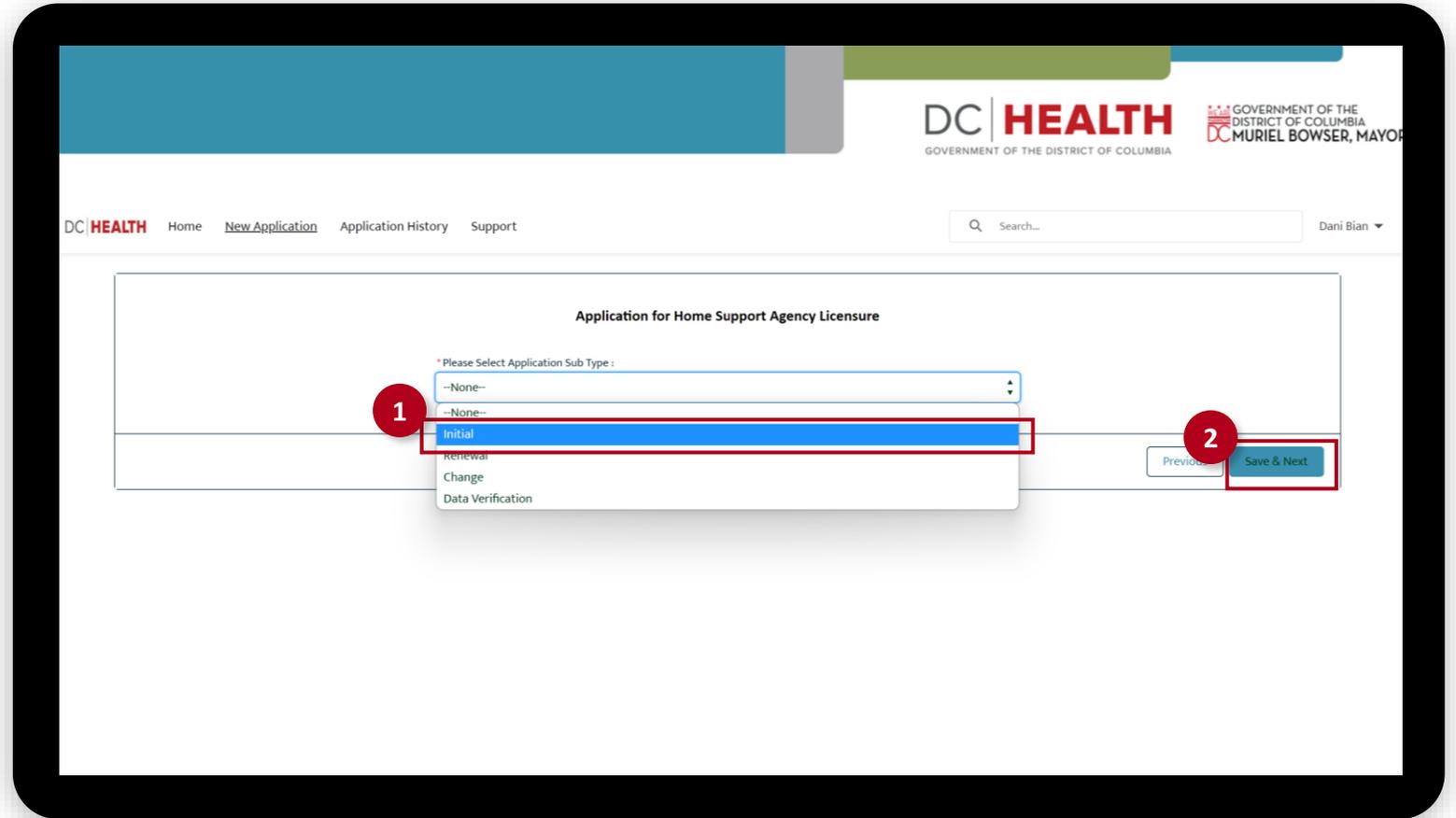
Select the Facilities New Application

- 1 Select the Home Support Agency option from the list.
- 2 Click the Next button.



Select the Application Sub Type

- 1 Select the **Initial** option from the drop-down list.
- 2 Click the **Save & Next** button.



Fill out the Agency Information

- 1 Fill out all the required fields.
- 2 Click the **Save & Next** button.



TIP: If the mailing address is different from the information filled out in the Facility information fields, select the **If mailing address is different from street address** check box.

The screenshot shows a form titled "Agency Information" with the following fields and values:

- Name of Agency:** Woodrow Franekli
- Street Address:** 654 Chelsea Bridge
- City:** South Vivianefurt
- State:** ME
- Zip Code:** 97355
- Telephone:** 510-793-8175
- Email:** your.email+fakedata97495@gmail.com
- If mailing address is different from street address
- Agency Contact Person:**
 - First Name:** Marquis
 - Middle Name:** Wava Schneider
 - Last Name:** Legros
- Street Address:** 8547 Sharon Forks
- City:** North Gertrudafort
- State:** DC
- Zip Code:** 11959
- Telephone:** 611-247-3878
- Email:** your.email+fakedata80611@gmail.com
- Registered Trade Name (if applicable):** Wilburn Pollich
- Number of Clients:** 1-50

A red box highlights the entire form area, with a "1" in a red circle at the top left and a "2" in a red circle at the bottom right, pointing to the "Save & Next" button.

Fill out the Applicant/Owner Information

- 1 Select if the Applicant is an:
 - Individual
 - General Partnership
 - Limited Partnership
 - Corporation
 - OtherAnd fill out all the required fields.

- 2 Click the **Save & Next** button.



TIP: If needed, use the **Upload Files** button to attach needed documentation.

DC HEALTH Home [New Application](#) Application History Support

At laborum minus neque ex qui autem et numquam. Dani Bianciotti

Applicant/Owner Information

Applicant is an:
Individual

Corporation Status:
Not for Profit

The property and buildings are:
Owned

* Is the agency managed by someone other than the applicant?
No

If the applicant/owner is an individual, please provide documentation including applicant/owner title, name, address, telephone number and email address.

Individual
Upload Files Or drop files

Save & Next

The fields marked with * are mandatory and must be filled out to continue.

Fill out the Agency Director Information

- 1 Fill out all the required fields. Click the **Upload Files** button to upload the Director's resume. Once the document is selected and the checkmark appears, click the **Done** button in the pop-up.
- 2 Click the **Save & Next** button.

The screenshot shows a web form titled "Agency Director" with the following fields and values:

- *First Name: Caroline
- Middle Name: Rudolph Bruen
- *Last Name: Marquardt
- *Street Address: 7394 Skiles Harbor
- *City: Carolinacurt
- *State: AR
- *Zip Code: 90240
- *Phone: 210-478-9122
- *Email: your.email=fakedata46053@gmail.com
- License Number (if applicable):
- *What date did the above person begin employment with the agency as the director?: Oct 6, 2020
- *Is the Director a licensed registered nurse?: Yes
- *Does the Director have training and experience in health services administration, including at least one (1) year of supervisory or administrative experience in health service or related health programs?: Yes

Below the form, there is a section for "Director's Resume" with an "Upload Files" button and "Or drop files" text. A pop-up window titled "Upload Files" is open, showing a file "Test doc.pdf" (34 KB) with a progress bar and a green checkmark. A "Done" button is highlighted in the pop-up. In the bottom right corner of the form, a "Save & Next" button is highlighted with a red circle and the number 2.

The fields marked with * are mandatory and must be filled out to continue.

Fill out the Client Service Coordinator Information

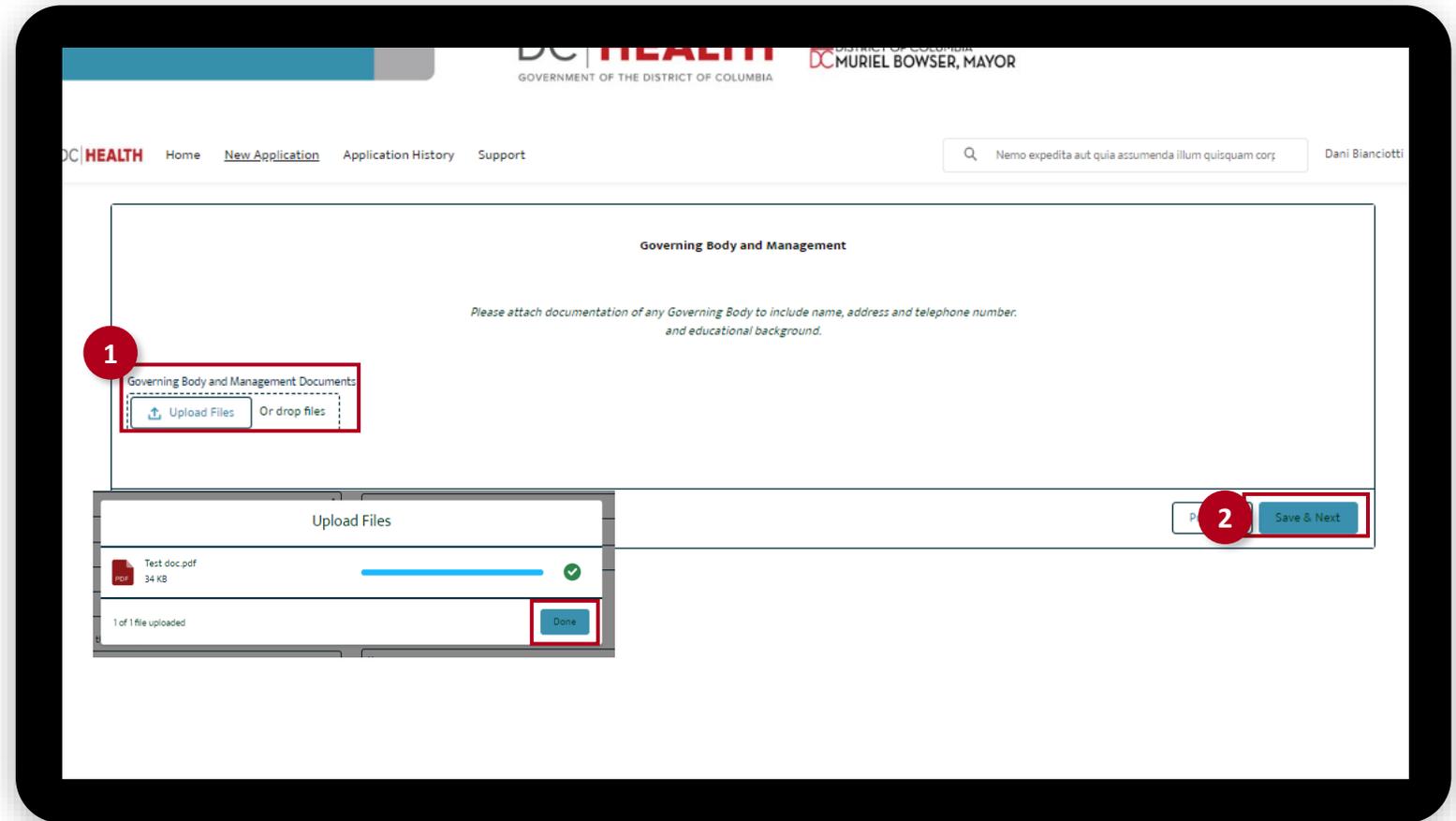
If the Director is not a Registered Nurse, fill out this page.

- 1 Fill out the fields
- 2 Click the **Save & Next** button.

The screenshot shows a web form titled "Client Service Coordinator" on the DC Health website. The form is enclosed in a red border. A red circle with the number "1" is positioned at the top left of the form area. The form contains the following fields: "First Name", "Middle Name", and "Last Name" (text inputs); "Street Address" and "City" (text inputs); "State" (a dropdown menu with "--None--" selected) and "Zip Code" (text input); "Phone" and "Email" (text inputs, with "you@example.com" pre-filled in the email field); and "License Number" (text input). At the bottom right of the form, there is a "Save & Next" button, which is highlighted by a red circle with the number "2". The website header includes "DC HEALTH", navigation links for "Home", "New Application", "Application History", and "Support", a search bar, and a user profile for "Dani Bianciotti".

Upload the Governing Body and Management Information

- 1 Upload the Governing Body and Management Documents by clicking the **Upload Files** button. Once the document is selected and the checkmark appears, click the **Done** button in the pop-up.
- 2 Click the **Save & Next** button.

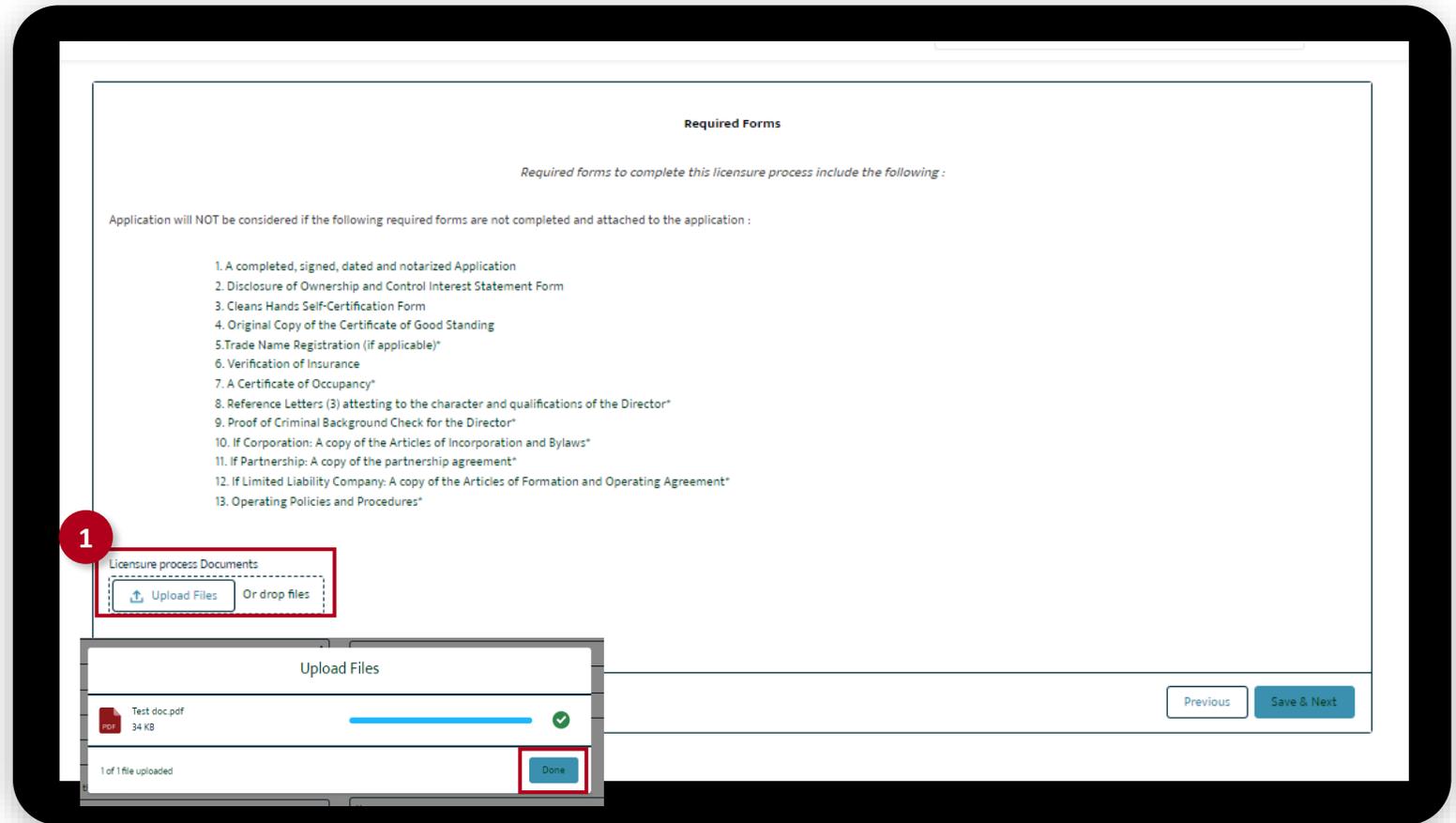


The fields marked with * are mandatory and must be filled out to continue.

Upload the Required Forms

1 Upload the Required forms by clicking the **Upload Files** button. The application will not be considered if the following files are not attached:

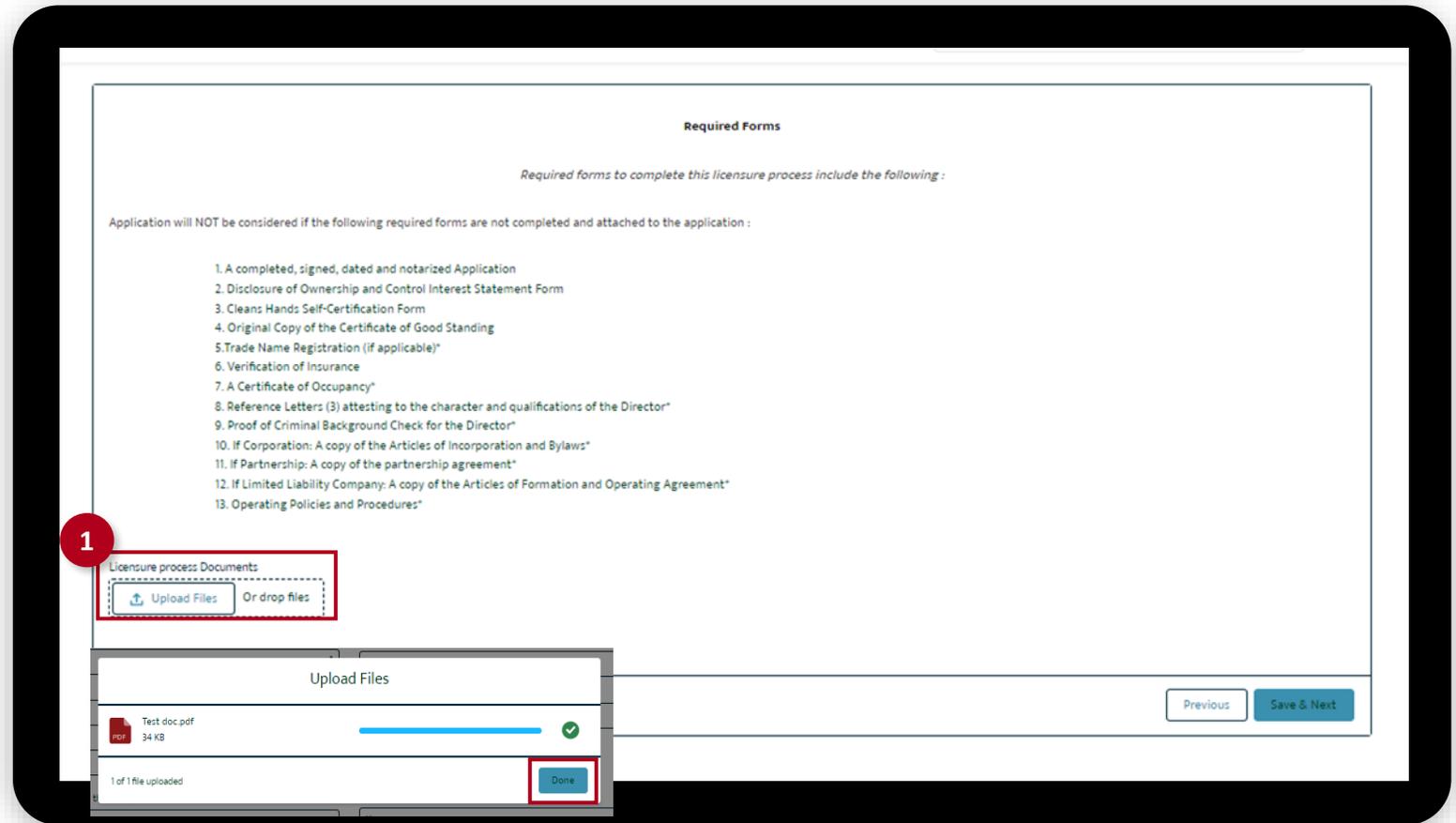
- A completed, signed, dated and notarized Application
- Disclosure of Ownership and Control Interest Statement Form
- Cleans Hands Self-Certification Form
- Original Copy of the Certificate of Good Standing
- Trade Name Registration (if applicable)*
- Verification of Insurance
- A Certificate of Occupancy*



The fields marked with * are mandatory and must be filled out to continue.

Upload the Required Forms

- 1** Upload the Required forms by clicking the **Upload Files** button. The application will not be considered if the following files are not attached:
- Reference Letters (3) attesting to the character and qualifications of the Director*
 - Proof of Criminal Background Check for the Director*
 - If Corporation: A copy of the Articles of Incorporation and Bylaws*
 - If Partnership: A copy of the partnership agreement*
 - If Limited Liability Company: A copy of the Articles of Formation and Operating Agreement*
 - Operating Policies and Procedures*



The fields marked with * are mandatory and must be filled out to continue.

Upload the Required Forms

2 Once all the documentation has been uploaded, click the **Save & Next** button.

Required Forms

Required forms to complete this licensure process include the following :

Application will NOT be considered if the following required forms are not completed and attached to the application :

1. A completed, signed, dated and notarized Application
2. Disclosure of Ownership and Control Interest Statement Form
3. Cleans Hands Self-Certification Form
4. Original Copy of the Certificate of Good Standing
5. Trade Name Registration (if applicable)*
6. Verification of Insurance
7. A Certificate of Occupancy*
8. Reference Letters (3) attesting to the character and qualifications of the Director*
9. Proof of Criminal Background Check for the Director*
10. If Corporation: A copy of the Articles of Incorporation and Bylaws*
11. If Partnership: A copy of the partnership agreement*
12. If Limited Liability Company: A copy of the Articles of Formation and Operating Agreement*
13. Operating Policies and Procedures*

Licensure process Documents

Or drop files

*The fields marked with * are mandatory and must be filled out to continue.*

Fill out Insurance Coverage information

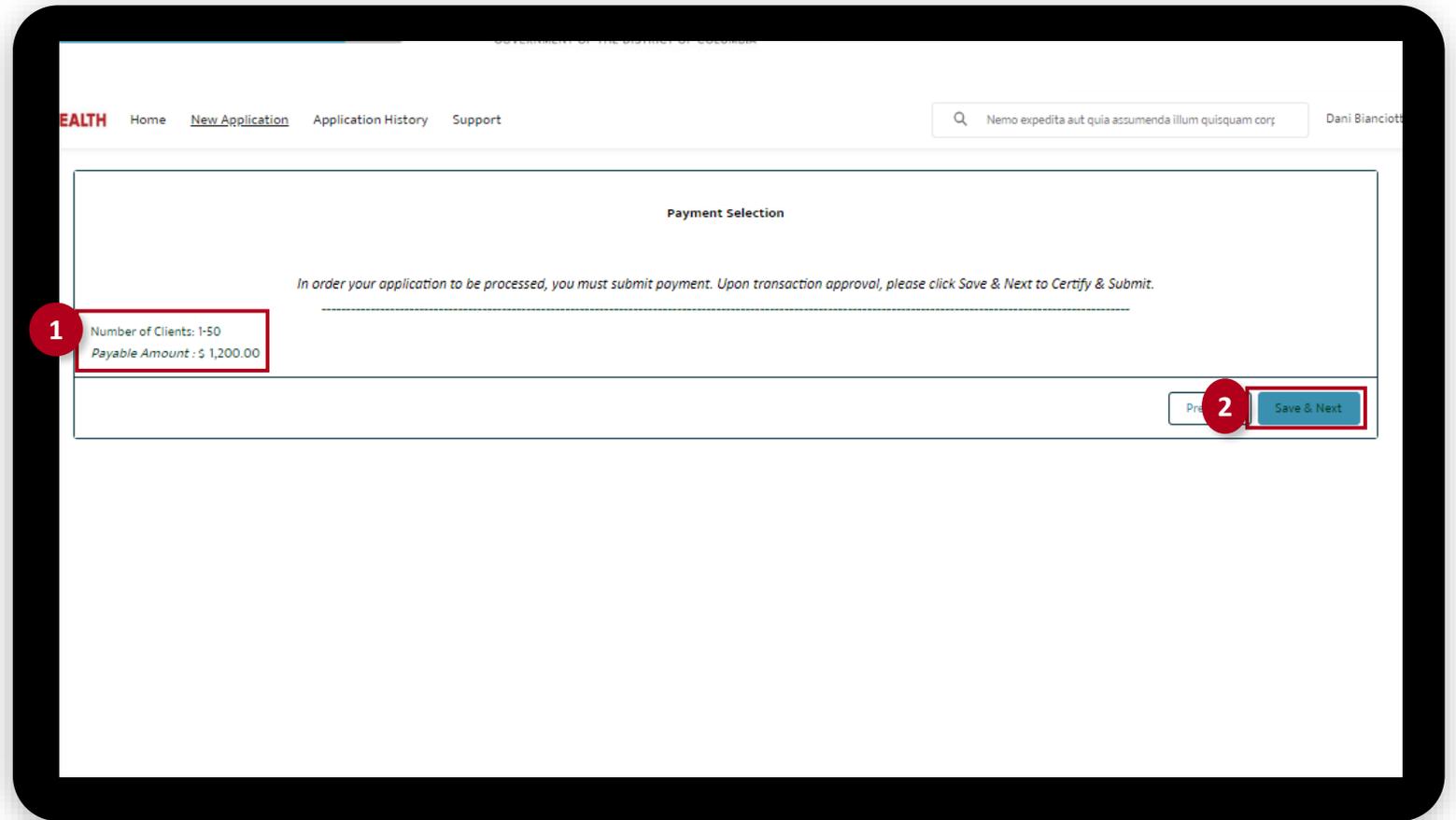
- 1 Select **Yes/No** in the required fields. Upload documentation by clicking the **Upload Files** button.
- 2 Click the **Next** button.

The screenshot shows the 'Insurance Coverage' section of the DC HEALTH application. At the top, there is a navigation bar with 'DC HEALTH' and 'Home', 'New Application', 'Application History', and 'Support' links. A search bar contains 'Provident laborum qui.' and the user name 'Dani Bian'. The main form area is titled 'Insurance Coverage'. The first question is 'Does the facility have Liability insurance?' with a dropdown menu showing 'Yes'. Below this is a section for 'Please provide documentation of insurance.' with 'Upload Files' and 'Or drop files' buttons. At the bottom right of the form, there is a 'Next' button. Red boxes and numbers 1 and 2 highlight the dropdown menu and the Next button respectively.

The fields marked with * are mandatory and must be filled out to continue.

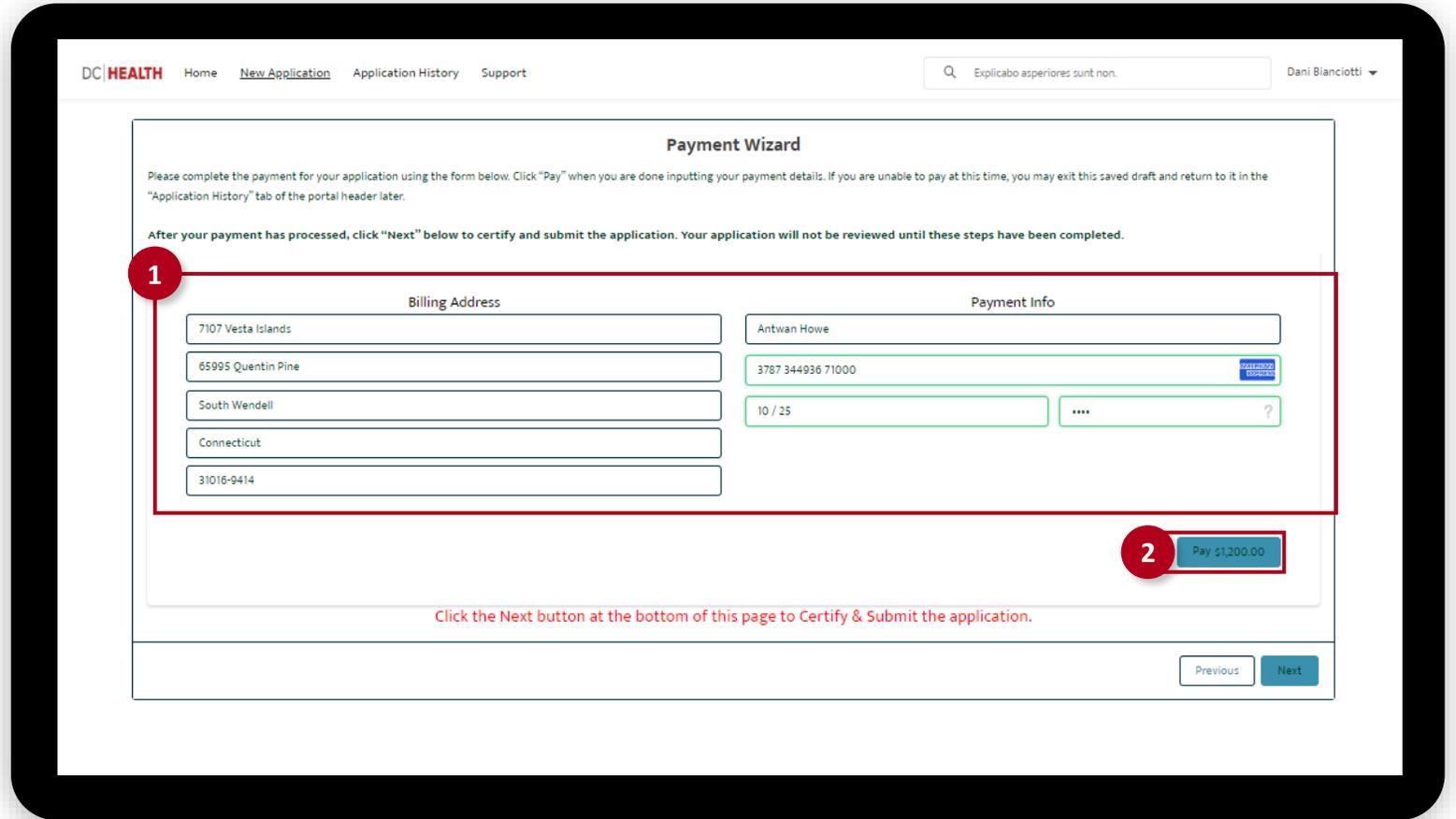
Payment Selection

- 1 Check if the Payable Amount is correct.
- 2 Click the Save & Next button.



Payment Wizard

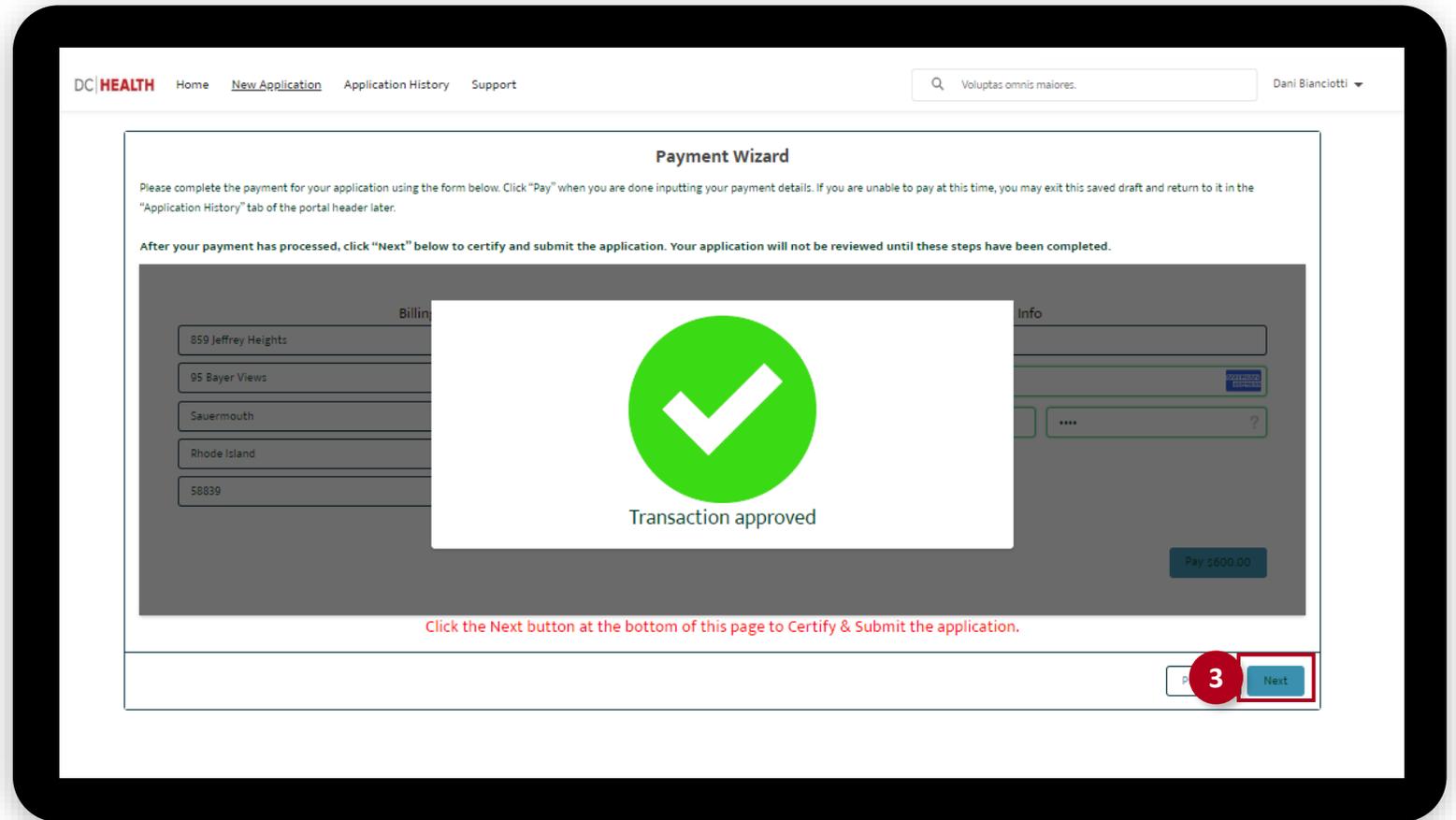
- 1 Fill out the **Billing Address** and **Payment Info** fields.
- 2 Click the **Pay** button.



Payment Wizard



- 3 Once the **Transaction** is approved, click the **Next** button.



Certify and Submit

- 1 Fill out the Name field.
- 2 Click the Submit button.

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, N

Home [New Application](#) Application History Support

Sunt accusantium itaque mollitia et. Dani Bia

Certify and Submit

By clicking the submit button below, you are acknowledging that you are providing information for an official record and that the information you are supplying is true. By submitting this information, you understand that knowingly and willfully making a false statement on an official record may result in action against your license, registration, or certification and criminal penalties*. This information will be held confidential by the Department of Health.

*(a) A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true; provided, that the writing indicates that the making of a false statement is punishable by criminal penalties or if that person makes an affirmation by signing an entity filing or other document under Title 29 of the District of Columbia Official Code, knowing that the facts stated in the filing are not true in any material respect or if that person makes an affirmation by signing a declaration under § 1-1061.13, knowing that the facts stated in the filing are not true in any material respect; (b) Any person convicted of making false statements shall be fined not more than the amount set forth in § 22-3571.01 or imprisoned for not more than 180 days, or both. A violation of this section shall be prosecuted by the Attorney General for the District of Columbia or one of the Attorney General's assistants.

By electronically entering my name on this form, I attest that all statements are true and accurate.

* Name
Concepcion Doyle

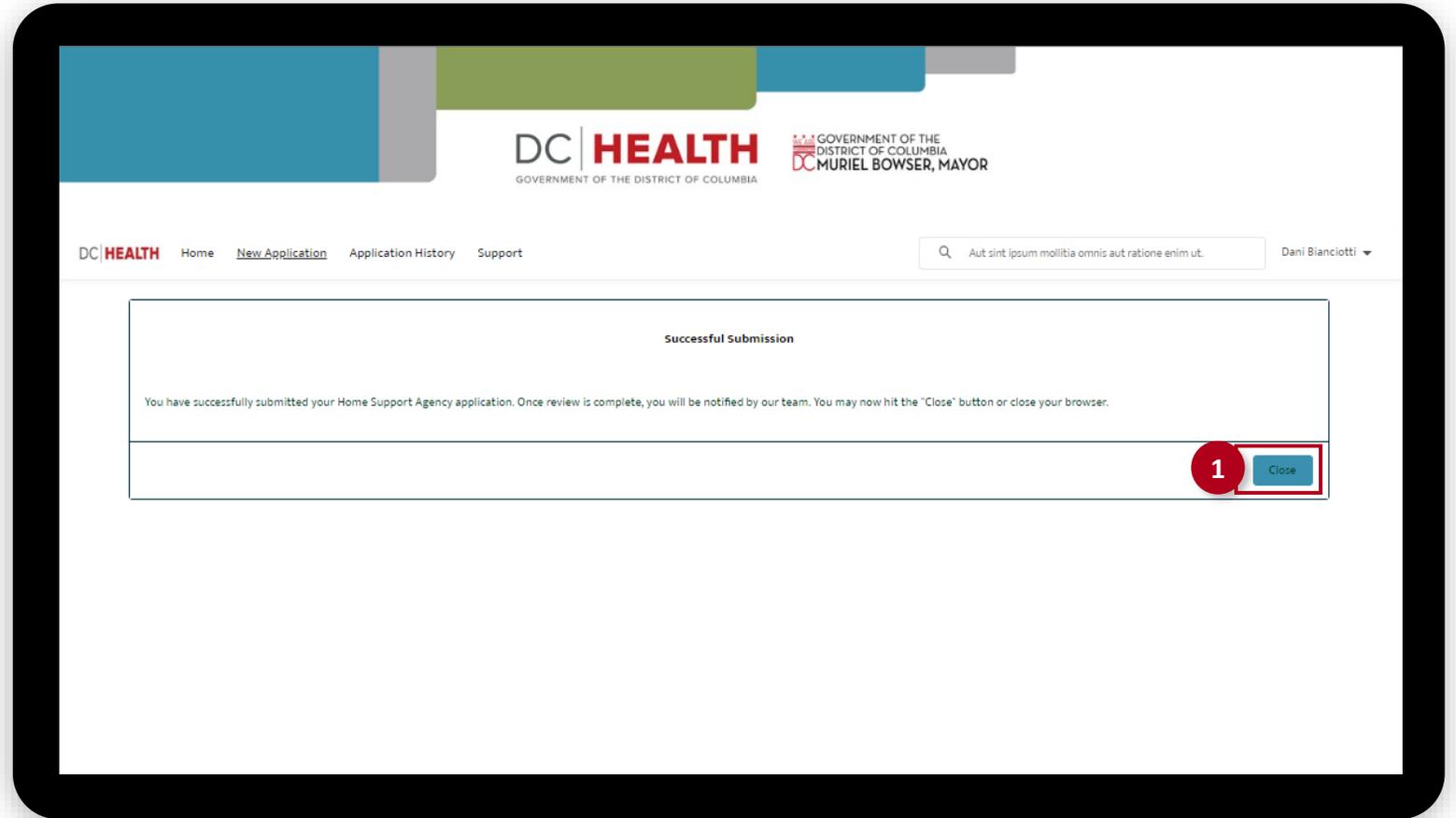
Date
January 24, 2023

Submit

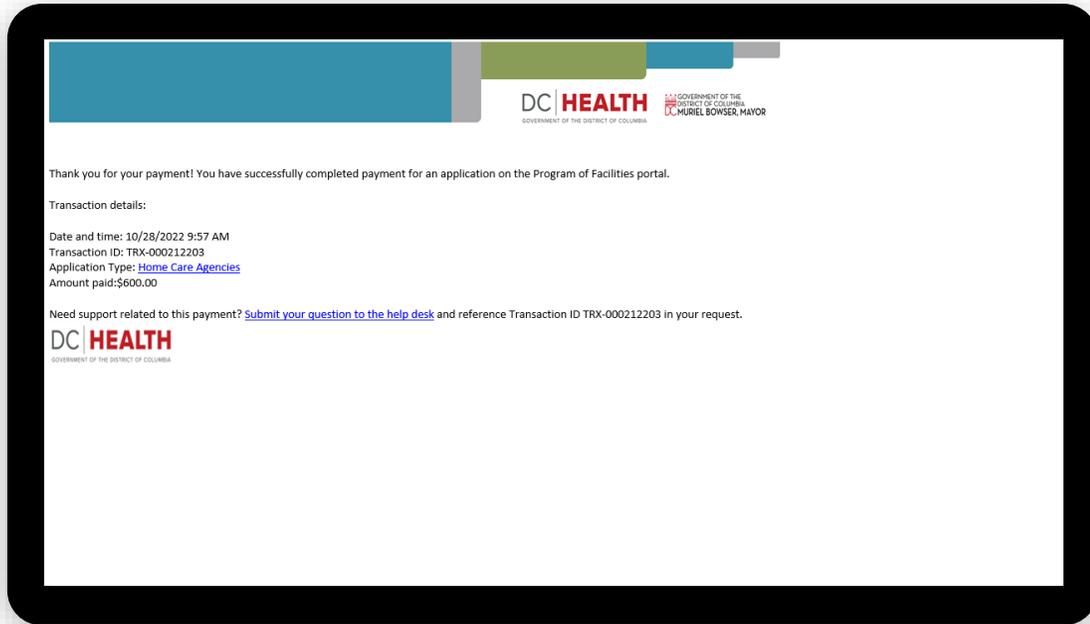
*The fields marked with * are mandatory and must be filled out to continue.*

Close the Application

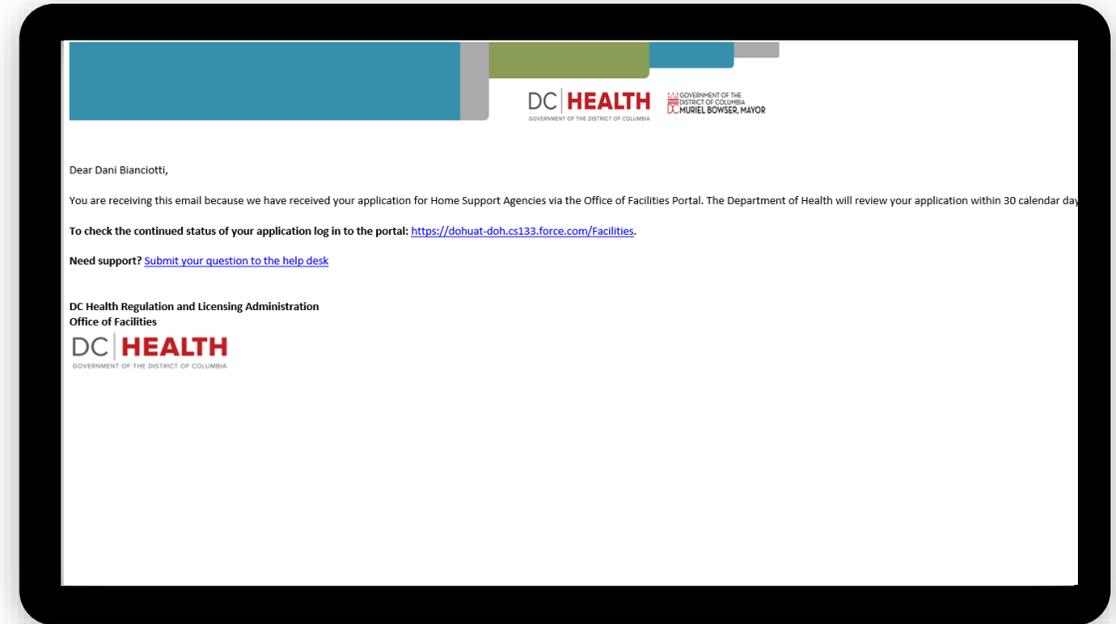
- 1 You have finished submitting your application. Click the **Close** button.



E-mail Confirmation



1 Check if you have received confirmation of payment.



2 Check if you have received confirmation for your application.

Thank you!